that patient QoL is maintained following the introduction of cetuximab plus irinotecan over 12 weeks. However, we must be mindful of the population of patients assessed/ followed up, the lack of comparator information and the issues of open label studies.

PCN66

DEFINING HEALTH STATE UTILITIES FOR HAND-FOOT-SYNDROME

Roth S[1], Simons S[1], Güney D[1], Reineking N[1], Dietrich ES[2], Jaehde U[1]
[1]University of Bonn, Bonn, NRW, Germany, [2]TK Scientific Institute for Benefit and Efficiency in Health Care, Hamburg, Germany

OBJECTIVES: The purpose of this study was to assign utilities to the three different severity grades of hand-foot-syndrome (HFS) which is a dose and therapy limiting toxicity in cancer patients undergoing treatment with e.g. capecitabine, docetaxel, sunitinib and sorafenib. HFS can develop from mild skin reactions at hands and feet (grade 1) to major skin reactions with bleeding, ulceration and severe pain (grade 3). **METHODS:** In a survey conducted in a German community pharmacy, randomly chosen subjects were introduced to the symptoms of HFS using cards explaining the different HFS grades by pictures of hands and feet, a clinical definition and citations of patients. Participants were asked to imagine suffering from each HFS grade for the next 10 years followed by death. Then they valuated the different grades using the time-trade-off-method (TTO) and the visual analogue scale (VAS). **RESULTS:** Fifty-three participants (30 female = 56.6%, 23 male = 43.4%) valuated the different HFS grades. Their mean age was 50.8 years (median: 49.0, SD: 18.5, range: 18–86 years). The following mean utilities were assessed using the TTO: grade 1 = 0.97 (median: 1.00, SD: 0.08), grade 2 = 0.72 (median: 0.80, SD: 0.23) and grade 3 = 0.34 (median: 0.30, SD: 0.22). The VAS resulted in the following mean utilities: grade 1 = 0.70 (median: 0.70, SD 0.14), grade 2 = 0.37 (median: 0.40, SD: 0.13) and grade 3 = 0.09 (median: 0.10, SD: 0.08). All differences among the severity grades were statistically significant ($p < 0.001$). **CONCLUSION:** The adults questioned see a significant impact of the adverse drug reaction HFS on the health status of patients. Therefore HFS deserves awareness and respect by health care professionals and requires a high level of patient information. Furthermore scientists should be encouraged to conduct more studies concerning prevention and management of HFS.

PCN67

ESTIMATION OF IMPORTANT DIFFERENCES IN EQ-5D VAS SCORES IN CANCER

Pickard AS[1], Neary MP[2], Cella D[3]
[1]College of Pharmacy, University of Illinois at Chicago, Chicago, IL, USA, [2]GlaxoSmithKline, Collegeville, PA, USA, [3]Evanston Northwestern Healthcare, Evanston, IL, USA

OBJECTIVES: The EQ-5D visual analog scale (VAS) is a patient-reported rating of overall health that is often reported in clinical studies. However, few studies are available to guide in the interpretation of meaningful differences in VAS scores. The objective of this study was to estimate meaningful differences in EQ-5D VAS scores in cancer, particularly in lung cancer. **METHODS:** Secondary data analysis was conducted on a cross sectional study of 534 cancer patients, including 50 lung cancer patients, who completed EQ-5D VAS (scaled from 0 (worst imaginable health) to 100 (best imaginable health)). Anchor-based and distribution based approaches were used to estimate important differences for VAS scores. Cancer patients were grouped into clinically meaningful categories anchored by: 1) Eastern Cooperative Oncology Group performance status (PS), and 2) FACT-G total score-based quintiles. These anchors were conservative partitions likely to exceed the true minimum important difference (MID). Distribution-based criteria applied to each subgroup included 1/2 standard deviation (SD) and the standard error of the measure (SEM). **RESULTS:** Estimates of MID for VAS scores based on PS categories ranged from 8 (average mean difference across categories) to 11 (SEM) for all cancer patients, and from 8 (0.5 SD) to 12 (average mean difference across PS categories) for lung cancer patients. Using FACT-G score quintiles, MIDs were the same for both the overall cancer groups and the lung cancer subgroup where the average mean difference between quintiles was 7, SEM was 10 and 1/2 SD was 9. **CONCLUSION:** The range of estimates representing important differences in EQ-5D VAS scores was similar between all cancers and lung cancer (7 to 12), with the lower bounds of MID estimates closer to minimal important differences, i.e. 7–8. These estimates can help to inform interpretation of EQ-5D VAS scores, particularly in studies of cancer.

PCN68

SENSITIVITY TO CHANGE OF THE PERFORM QUESTIONNAIRE (PQ) IN CANCER PATIENTS REPORTING IMPROVEMENT OR DETERIORATION OF THEIR CANCER-RELATED FATIGUE

Baro E[1], Cassinello J[2], Carulla J[3], Valentín V[4], Rodríguez C[5], Gascón P[6], García-Mata J[7], Colomer R[8], Gasquet JA[9], Perform group G[10]
[1]3D Health Research, Barcelona, Spain, [2]Hospital Universitario de Guadalajara, Guadalajara, Spain, [3]Hospital Verge del Toro, Menorca, Spain, [4]Hospital 12 de octubre, Madrid, Spain, [5]Hospital Clínico Universitario de Salamanca, Salamanca, Spain, [6]Hospital Clínic i Provincial de Barcelona, Barcelona, Spain, [7]Hospital Santa Maria Nai, Orense, Spain, [8]Centro Oncológico MD Anderson, Madrid, Spain, [9]AMGEN S.A, Barcelona, Spain, [10]The PERFORM Study Group, Barcelona, Spain

OBJECTIVES: Cancer-related fatigue (CRF) is a frequently reported complaint in cancer patients and survivors. The Perform Questionnaire (PQ) is a recently validated scale to assess perceptions and beliefs about CRF. This study aims to determine how sensitive to change is the PQ as well as to compare it with the sensitivity of the FACT-F. **METHODS:** An observational and longitudinal multi-centre study was carried out on a sample of cancer patients with a moderate level of CRF. PQ and FACT-F were administered at inclusion and 3 months later, as well as sociodemographics and key clinical indicators. Patient improvement or worsening related to CRF was assessed by means of a health status item (HSI) self-administered at the second visit on a Likert-type ordinal scale with 13 response options. **RESULTS:** Baseline patient characteristics (n = 437) were: 60.5% women, mean age 59.1 years, an average of 2.21 years since diagnosis, 33.6% breast cancer, 54.7% with metastasis, Karnofsky mean score 80.9, and 29.1% with anaemia. Of the 350 patients who assessed their change with HSI: 208 (59.4%) reported improvement ('slightly' to 'greatly'), 84 (24%) reported worsening ('slightly' to 'greatly'), and 58 (16.6%) reported no significant change. The overall PQ score showed a better sensitivity to clinical deterioration (effect 1.04) than to the improvement (effect size = 0.57), similar to the magnitude of the effect sizes obtained with FACT-F (0.91 for deterioration; 0.53 for improvement). The effect sizes of PQ dimensions were also higher for the patients reporting worsening (ranging from 0.92 to 1.06) than for those reporting improvements (0.51 to 0.59). **CONCLUSION:** The score of PQ has demonstrated a good level of sensitivity both in patients reporting improvement and in patients reporting deterioration of health status, in a similar magnitude